

## ICC California UST Inspector Application for Certification Renewal

Name:							
Address:			If this is a home address check here:				
City:	State:	Zip:	Home Phone No.:				
Certificate Number			Work Phone No.:				
Job Title /Department:	rtment:Jurisdiction/Business:						
Certification is valid for two years. To be current, certificates must be renewed on or before the expiration date (when they become inactive).							
California State Water Re Contact Hours for Renew prior to the renewal applic documents and records or Include a \$50.00 Renewa	source Control B al of California Us ation date, you m f your educationa I Fee with this ap	oard's (SWR) ST Inspector nust accrue a al activities. plication. Pay	ational activities as deemed appropriate by the CB) Implementation of Continuing Education ICC Certification. During the two-year period t least 16 hours of training. You must keep				
below or check made pay	able to ICC. A \$2	25.00 service	fee will be charged on returned checks.				
Payment by credit card (VISA, Master Card, AMEX) must include:							
Credit Card Type & No.:	o.: Exp Date:						
Name as it appears on card:							
Signature for Credit Card Charge:							
Total amount charged to credit card or enclosed by check: \$:							
	ewal request and		ry. Documentation must be retained for three oon an audit request. Do NOT submit				
		Affidavit of App	olicant				
Signature:			Date:				
By signing this form, I co understand that supporti	nfirm that all of th	ne informatior n must be ret	n provided above is accurate and true and I ained for 3 years.				
Send this completed appli	cation and the fe	e (payable to	ICC) to:				

International Code Council Certification Renewals 5360 Workman Mill Road Whittier, CA 90601-2298

Phone 1 888 422-7233 ext 33823

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<sup>&</sup>lt;sup>1</sup> California Code of Regulations, Title 23, Section 2715(j)(2) provides that a certified UST Inspector shall renew the California inspector certificate every 24 months, by either passing the ICC California UST Inspector exam or satisfying equivalent criteria as approved by the Division of Water Quality Underground Storage Tank Program Manager.

## Continued From previous side

	Continuing Education Activity	Date Completed	Provided by: (School, organization, etc.)	Contact
1		Completed	(School, organization, etc.)	Hours
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